

Exhibit B

Mon 1/12/04 1140 Mon 1/12/04 1100  
Case 7:07-cv-08190-KMK Document 1-3 Filed 09/19/2007 Page 2 of 22

16. Incident Type: **ASSAULT 3**

19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.): **NRHS - (Central) 106 Hammond Rd. THIELS NY 10984**

20. City, State, Zip (C, NY, V): **THIELS NY 10984**

21. Location Code: **14451**

23. No. of Victims: **1**

24. No. of Suspects: **1**

25. Victim also complainant: ☒ YES

27. Date of Birth: **1/17/87** 28. Age: **17** 29. Sex: ☒ M ☐ F ☐ U

30. Race: ☒ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk.

31. Ethnic: ☒ Hispanic ☐ Unk. ☐ Non-Hispanic

32. Handicap: ☐ Yes ☒ No

33. Residence Status: ☒ Resident ☐ Tourist ☐ Student ☐ Other ☐ Commuter ☐ Military ☐ Homeless ☐ Unk.

34. Type/No: **A155** 35. Name (Last, First, Middle): **[REDACTED]** 36. Alias/Nickname/Maiden Name (Last, First, Middle): **[REDACTED]**

37. Apparent Condition: ☐ Impaired Drugs ☐ Mental Dis ☐ Unk. ☐ Impaired Alco ☐ Inf / Ill ☒ App Norm

38. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip): **[REDACTED]** 39. Phone No.: **[REDACTED]** 40. Social Security No.: **[REDACTED]**

41. Date of Birth: **1/16/87** 42. Age: **16** 43. Sex: ☒ M ☐ F ☐ U

44. Race: ☒ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk.

45. Ethnic: ☒ Hispanic ☐ Unk. ☐ Non-Hispanic

46. Skin: ☒ Light ☐ Dark ☐ Unk. ☐ Medium ☐ Other

47. Occupation: **STUDENT**

48. Height: **5'4"** 49. Weight: **105** 50. Hair: **BLK** 51. Eyes: **BRN** 52. Glasses: ☐ Yes ☒ No ☐ Contacts

53. Build: ☒ Small ☐ Large ☐ Medium

54. Employer/School: **NRHS** 55. Address: **106 Hammond Rd**

56. Scars/Marks/Tattoos (Describe): **[REDACTED]** 57. Misc: **[REDACTED]**

59. Vehicle Status: **TABLE W** 60. License Plate No: **[REDACTED]** 61. State: **[REDACTED]** 62. Exp. Yr.: **[REDACTED]** 63. Plate Type: **[REDACTED]** 64. Value: **[REDACTED]**

65. Veh. Yr.: **[REDACTED]** 66. Make: **[REDACTED]** 67. Model: **[REDACTED]** 68. Style: **[REDACTED]** 69. VIN: **[REDACTED]**

70. Color(s): **[REDACTED]** 71. Towed By: **[REDACTED]** To: **[REDACTED]** 72. Vehicle Notes: **[REDACTED]**

73. **PI (SCHOOL ADMINISTRATOR) STATES AT ABOVE TIME, VICTIM WERE INVOLVED IN A PHYSICAL ALTERCATION. DURING ALTERCATION SI KICKED V1 IN HER NOSE CAUSING EXTREME SWELLING, DIS-COLORING AND BLEEDING AND EXIBLE BREAKING. FIGHT WAS BROKEN UP BY TEACHERS AND VICTIM WAS TAKEN TO THE SCHOOL NURSE. VICTIM WAS THEN TAKEN TO NYACK HOSPITAL BY PARENTS. SI WAS PLACED UNDER ARREST FOR ABOVE CHARGE.**

74. Inquiries (Check all that apply): ☐ DMV ☐ Want/Warrant ☐ Scofflaw ☐ Crim. History ☐ Stolen Property ☐ Other

75. NYSIN Message No.: **[REDACTED]** 76. Complainant Signature: **[REDACTED]**

77. Reporting Officer Signature (Include Rank): **[REDACTED]** 78. ID No: **304** 79. Supervisor's Signature (Include Rank): **[REDACTED]** 80. ID No: **75**

81. Status: ☐ Vict. Refused to Coop. ☐ CBI ☐ Juv. - No Custody ☒ Open ☒ Closed (if Closed, check box below) ☐ Arrest ☐ Pros. Declined ☐ Offender Dead ☐ Unfounded ☐ Warrant Advised ☐ Extrad. Declin. ☐ Unknown

82. Status Date: **1/12/04** 83. Modified/TOT: **[REDACTED]**

A. **[REDACTED]**  
B. **[REDACTED]**  
C. **[REDACTED]**  
D. **08**  
E. **[REDACTED]**  
F. **[REDACTED]**  
G. **[REDACTED]**  
H. **1**  
I. **2**  
J. **01**  
K. **2**  
L. **20**  
M. **[REDACTED]**  
N. **[REDACTED]**  
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16. Incident Type: **Assault**  
17. Business Name: **North Rockland High School**  
18. Weapon(s):  
19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.): **100 W. Main St. Road**  
20. City, State, Zip (City, State, Zip): **Thruills NY 10984**  
21. Location Code: **4151**

23. No. of Victims: **1**  
24. No. of Suspects: **1**  
25. Victim also complainant: ☒ YES

26. Victim also complainant: ☒ YES  
27. Date of Birth: **VI**  
28. Age: **Juvenile**  
29. Sex: **CO**  
30. Race: **White**  
31. Ethnic: **Hispanic**  
32. Handicap: **No**  
33. Residence Status: **Resident**  
34. Type/No: **TABLE D**  
35. Name (Last, First, Middle): **Juvenile**  
36. Alias/Nickname/Maiden Name (Last, First, Middle):  
37. Apparent Condition: **Impaired Drugs**  
38. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip):  
39. Phone No.: **Home**  
40. Social Security No.: **30**

41. Date of Birth: **Mo.**  
42. Age: **TABLE P**  
43. Sex: **U**  
44. Race: **White**  
45. Ethnic: **Hispanic**  
46. Skin: **Light**  
47. Occupation: **TABLE P**  
48. Height: **ft.**  
49. Weight: **in.**  
50. Hair: **TABLE O**  
51. Eyes: **TABLE R**  
52. Glasses: **Yes**  
53. Build: **Small**  
54. Employer/School:  
55. Address:

56. Scars/Marks/Tattoos (Describe):  
57. Misc.:  
58. Vehicle Status: **TABLE W**  
59. License Plate No.: **Full**  
60. State: **61.**  
62. Exp. Yr.: **63.**  
63. Plate Type: **64.**  
64. Value: **Total**  
65. Veh. Yr.: **66.**  
66. Make: **67.**  
67. Model: **68.**  
68. Style: **69.**  
69. VIN: **70.**  
70. Color(s): **71.**  
71. Towed By: **To:**  
72. Vehicle Notes:

73. Inquiries (Check all that apply): ☒ DMV ☒ Want/Warrant ☒ Scofflaw ☒ Crim. History ☒ Stolen Property ☒ Other  
74. NYSIN Message No.: **75.**  
75. Complaint: **76.**  
76. Reporting Officer Signature (Include Rank): **P.O. C. Chappo**  
77. ID No.: **317**  
78. Supervisor's Signature (Include Rank): **79.**  
79. ID No.: **80.**  
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594. Status Date: **595.**  
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615. Status Date: **616.**  
616. Modified/TOT: **617.**  
617. Status: **618.**  
618. Status Date: **619.**  
619. Modified/TOT: **620.**  
620. Status: **621.**  
621. Status Date: **622.**  
622. Modified/TOT: **623.**  
623. Status: **624.**  
624. Status Date: **625.**  
625. Modified/TOT: **626.**  
626. Status: **627.**  
627. Status Date: **628.**  
628. Modified/TOT: **629.**  
629. Status: **630.**  
630. Status Date: **631.**  
631. Modified/TOT: **632.**  
632. Status: **633.**  
633. Status Date: **634.**  
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663. Status Date: **664.**  
664. Modified/TOT: **665.**  
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668. Status: **669.**  
669. Status Date: **670.**  
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671. Status: **672.**  
672. Status Date: **673.**  
673. Modified/TOT: **674.**  
674. Status: **675.**  
675. Status Date: **676.**  
676. Modified/TOT: **677.**  
677. Status: **678.**  
678. Status Date: **679.**  
679. Modified/TOT: **680.**  
680. Status: **681.**  
681. Status Date: **682.**  
682. Modified/TOT: **683.**  
683. Status: **684.**  
684. Status Date: **685.**  
685. Modified/TOT: **686.**  
686. Status: **687.**  
687. Status Date: **688.**  
688. Modified/TOT: **689.**  
689. Status: **690.**  
690. Status Date: **691.**  
691. Modified/TOT: **692.**  
692. Status: **693.**  
693. Status Date: **694.**  
694. Modified/TOT:

Victim

7/24/89 (14 yrs old)

H/F

Suspect

08-04-88 (12 yrs)

- H/M

1

2

3

4

5

6

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9

10

11

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13

Total

Inquiries (Check all that apply) DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other		11. NYSPIN Message No.	12.	20. <u>2</u> Page <u>33</u> Pages
Reporting Officer's Signature (Include Rank) <i>[Signature]</i>		14. ID No. <u>317</u>	15. Supervisor's Signature (Include Rank) <i>[Signature]</i>	16. ID No.
Case Status Vict. Refused to Coop. <input type="checkbox"/> Open <input type="checkbox"/> Closed (If Closed, check box below) <input type="checkbox"/> Unfounded CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> Arrest - Juv. <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown		18. Status Date Mo. <u>2</u> Day <u>15</u> Yr <u>01</u>		19. Notified/TOT <u>B</u> Use cover sheet

75. NYSPIN Message No. 76. Complainant Signature <i>Red [Signature]</i>		78. ID No. 302		79. Supervisor's Signature (Include Rank) <i>[Signature]</i>		80. ID No. 75		81. Page of 1			
77. Status <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> CBI		<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed (If Closed, check box below) <input type="checkbox"/> Arrest <input type="checkbox"/> Arrest - Juv. <input type="checkbox"/> Offender Dead		<input type="checkbox"/> Unfounded <input type="checkbox"/> Warrant Advised <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown		82. Status Date 9/27/07		83. Notified/TOT <i>[Signature]</i>		84. Page of 1	



16. Incident Type: **Assault**  
 19. Incident Address: **100 Hammond Rd**  
 20. City, State, Zip: **Thiells NY 10984**  
 21. Location Code: **4431**  
 23. No. of Victims: **1**  
 24. No. of Suspects: **2**

27. Date of Birth: **VI**  
 28. Age: **Juvenile - See Supplemental**  
 29. Sex: **See Supplemental**  
 30. Race: **See Supplemental**  
 31. Ethnic: **See Supplemental**  
 32. Handicap: **See Supplemental**  
 33. Residence Status: **See Supplemental**  
 34. Type: **See Supplemental**  
 35. Name (Last, First, Middle): **See Supplemental**  
 36. Alias/Nickname/Maiden Name (Last, First, Middle): **See Supplemental**  
 37. Apparent Condition: **See Supplemental**  
 38. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip): **See Supplemental**  
 39. Phone No.: **See Supplemental**  
 40. Social Security No.: **See Supplemental**

41. Date of Birth: **VI**  
 42. Age: **See Supplemental**  
 43. Sex: **See Supplemental**  
 44. Race: **See Supplemental**  
 45. Ethnic: **See Supplemental**  
 46. Skin: **See Supplemental**  
 47. Occupation: **See Supplemental**  
 48. Height: **See Supplemental**  
 49. Weight: **See Supplemental**  
 50. Hair: **See Supplemental**  
 51. Eyes: **See Supplemental**  
 52. Glasses: **See Supplemental**  
 53. Build: **See Supplemental**  
 54. Employer/School: **See Supplemental**  
 55. Address: **See Supplemental**  
 56. Scars/Marks/Tattoos (Describe): **See Supplemental**  
 57. Misc: **See Supplemental**

59. Vehicle Status: **VI**  
 60. License Plate No: **See Supplemental**  
 61. State: **See Supplemental**  
 62. Exp. Yr.: **See Supplemental**  
 63. Plate Type: **See Supplemental**  
 64. Value: **See Supplemental**  
 65. Veh. Yr.: **See Supplemental**  
 66. Make: **See Supplemental**  
 67. Model: **See Supplemental**  
 68. Style: **See Supplemental**  
 69. VIN: **See Supplemental**  
 70. Color(s): **See Supplemental**  
 71. Towed By: **See Supplemental**  
 72. Vehicle Notes: **See Supplemental**

At time and place of occurrence, VI states S-1 and S-2 did grab VI and physically threw him to the floor and then kicked your victim in the back of his body with their feet. Victim then told S-1 to stop kicking him because he was hurt and S-1 replied "Good, I wanted to hurt you." Victim then tried to walk away to find assistance and both S-1 & S-2 tried to block him from leaving. S-1 & S-2 then left area. Victim was treated at Nyack Hosp and released. Injury was determined to be a broken wrist.

73. Inquiries (Check all that apply): **DMV, Want Warrant, Criminal History, Stolen Property, Scaffold, Other**  
 74. NYSPIN Message No.: **See Supplemental**  
 75. Complainant Signature: **See Supplemental**  
 76. Reporting Officer Signature (Include Rank): **See Supplemental**  
 77. ID No.: **See Supplemental**  
 78. Supervisor's Signature (Include Rank): **See Supplemental**  
 79. ID No.: **See Supplemental**  
 80. Status: **See Supplemental**  
 81. Status Date: **See Supplemental**  
 82. Notified/TOT: **See Supplemental**

U-1 -

DOB - 10/17/88

S-1

DOB - 15 yoa male  
Hispanic

S-2

DOB - 15 yoa male  
Hispanic

**JUVENILE**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13

Total

2. Inquiries (Check all that apply) <input checked="" type="checkbox"/> DMV <input type="checkbox"/> Wap/Warrant <input type="checkbox"/> Scotflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other			11. NYSPIN Message No.		12.		
3. Responding Officer Signature (Include Rank) <i>[Signature]</i>			14. ID No. 207		15. Supervisor's Signature (Include Rank)		
					16. ID No.		
7. Case Status <input checked="" type="checkbox"/> VICL-Refused to Coop. <input type="checkbox"/> CBI <input type="checkbox"/> Juv. Ho Custody			<input type="checkbox"/> Open <input type="checkbox"/> Closed (If Closed, check box below) <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Unfounded <input type="checkbox"/> Arrest-Juv. <input type="checkbox"/> Offender Dead <input type="checkbox"/> Warrant-Advised <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown			18. Status Date Mo. 11 Day 18 Yr. 184	
			19. Notified/TOT Youth Officer			20. <b>B</b> USE COVER sheet	

7. Report Day THURS 8. Date 09/23/04 9. Report Time 10. Day THURS 11. Date 09/23/04 12. Time 13. Day 14. Date 15. Time  
16. Incident Type MENACING 20 17. Business Name 18. Weapon(s) STEAK KNIFE  
19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) 106 HARRISON RD 20. City, State, Zip ( ) C ( ) T ( ) V HOBOKEN N.J. 10974 21. Location Code 1146451  
23. No. of Victims 1 24. No. of Suspects 2

25. Victim also complainant ( ) Yes ( ) No  
Co A [REDACTED] FATHER THIELLS N.Y. 10974 BUSINESS  
V1 JUVENILE RESIDENCE  
OT1 JUVENILE RESIDENCE  
OT2 JUVENILE RESIDENCE

27. Date of Birth 28. Age 29. Sex 30. Race 31. Ethnic 32. Handicap 33. Residence Status 34. Type No 35. Name (Last, First, Middle) 36. Alias/Nickname/Maiden Name (Last, First, Middle) 37. Apparent Condition 38. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip) 39. Phone No. 40. Social Security No. 41. Date of Birth 42. Age 43. Sex 44. Race 45. Ethnic 46. Skin 47. Occupation 48. Height 49. Weight 50. Hair 51. Eyes 52. Glasses 53. Build 54. Employer/School 55. Address 56. Scars/ Marks/Tattoos (Describe) 57. Misc

59. Vehicle Status 60. License Plate No 61. State 62. Exp. Yr. 63. Plate Type 64. Value 65. Veh. Yr. 66. Make 67. Model 68. Style 69. VIN. 70. Color(s) 71. Towed By: To: 72. Vehicle Notes

73. THE COMPLAINANT STATES THAT HE ARRIVED AT THE FOREMENTIONED LOCATION TO PICK UP V1 AND OT1. V1 EXPLAINED TO CO THAT S1 THREATENED TO STEAL HIM WITH A KNIFE. CO STATES THAT HE QUESTIONED S1 ABOUT THE INCIDENT AND HE ADMITTED TO SAYING THE STATEMENT. V1 TOLD CO ABOUT THE KNIFE AND THE LOCATION OF THE KNIFE. CO STATES THAT HE SAW S1 REACH INTO THE GARBAGE CAN AND PULLED OUT A BLACK HANDLE STEAK KNIFE AND BROKE IT IN HALF. THE CO STATES THAT HE THEN THREW IT BACK INTO THE GARBAGE CAN. SECURITY ARRIVED AND DETAINED CO FOR QUESTIONING ABOUT THE INCIDENT AND THE CO STATES A FIGHT STARTED BETWEEN V1 AND OT2. S1 LEFT THE AREA. CO DECLINED PROSECUTION FOR NOW.

74. Inquiries (Check all that apply) 75. NYSIN Message No. 76. Confidentiality 77. Reporting Officer Signature (Include Rank) 78. ID No. 79. Supervisor's Signature (Include Rank) 80. ID No. 81. Status 82. Status Date 83. Notified/TOT Youth Division



9. Narrative

JUVENILES

VI - [REDACTED] - 11/18/88

[REDACTED]

OT, - (WITNESS) [REDACTED] 11/12/90

[REDACTED]

OT2 [REDACTED] 10/16/89

[REDACTED]

10. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Criminal History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other			11. NYSPIN Message No.		12.		82. <u>2</u> Page of <u>3</u> Pages	
13. Reporting Officer's Signature (Include Rank) <i>PO Maldonado</i>			14. ID No. <u>217</u>		15. Supervisor's Signature (Include Rank)		16. ID No.	
17. Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed (If Closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> In - No Contacts <input type="checkbox"/> Arrest - In <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extra Declined <input type="checkbox"/> Unknown			18. Status Date		19. Notified/TOT		20. [REDACTED]	

9. Narrative

JUVENILE WITNESSES

W<sub>1</sub> - [REDACTED] • SAW THE SUSPECT'S KNIFE,  
[REDACTED] • HEARD THE WORDS EXCHANGED  
[REDACTED] BETWEEN THE VICTIM AND  
[REDACTED] THE SUSPECT.  
[REDACTED] • SAW THE SUSPECT THROW  
[REDACTED] THE KNIFE IN THE GARBAGE CAN

W<sub>2</sub> - [REDACTED] • SAW THE SUSPECT WITH A KNIFE  
[REDACTED] • SAW THE SUSPECT THROW THE  
[REDACTED] KNIFE IN THE GARBAGE CAN AFTER  
[REDACTED] BREAKING THE KNIFE.  
[REDACTED] • GAVE DESCRIPTION OF THE KNIFE

W<sub>3</sub> - [REDACTED] • KNOWS THE SUSPECT  
[REDACTED] AS [REDACTED]  
[REDACTED] • SAW THE SUSPECT  
[REDACTED] THROW THE KNIFE IN THE  
[REDACTED] GARBAGE CAN.



Total

10. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Cdm. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other		11. NYSPIN Message No.		12.		82. Page of Pages	
13. Reporting Officer Signature (Include Rank) PO Maldonado		14. ID No. 217		15. Supervisor's Signature (Include Rank)		16. ID No.	
17. Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed (If Closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> [unclear] <input type="checkbox"/> [unclear] <input type="checkbox"/> [unclear] <input type="checkbox"/> [unclear]		18. Status Date		19. Notified/TOT		20. [unclear]	

16. Incident Type <b>ASSAULT 3°</b>	17. Business Name -	18. Weapon(s) -	19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) <b>BASKETBALL CT. - NRHS 106 Hammond B</b>	20. City, State, Zip ( <input type="checkbox"/> C <input type="checkbox"/> OT <input type="checkbox"/> V ) <b>THIELLS NY 10984</b>	21. Location Code <b>44561</b>	23. No. of Victims <b>1</b>	24. No. of Suspects <b>1</b>
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25. Victim also complainant <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26. Victim also complainant <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VI <b>Juvenile</b>	BUSINESS	F. <b>X</b>
OT <b>[REDACTED]</b>	RESIDENCE	G. <b>-</b>
<b>(MOTHER)</b>	BUSINESS	H. <b>1</b>
<b>PR. R.O. R. SPATTA</b>	RESIDENCE	I. <b>3</b>
<b>HTPD - NRHS-RO</b>	BUSINESS	J. <b>5</b>
<b>RESIDENCE</b>	RESIDENCE	K. <b>1</b>
27. Date of Birth <b>10/18/88</b>	28. Age <b>15</b>	29. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
30. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.	31. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Non-Hispanic	32. Handicap <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
33. Residence Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Unk.	34. Type/No <b>TABLE 6</b>	35. Name (Last, First, Middle) <b>[REDACTED]</b>
36. Alias/Nickname/Maiden Name (Last, First, Middle) <b>[REDACTED]</b>	37. Apparent Condition <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Unk. <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj / Ill <input checked="" type="checkbox"/> App Norm	38. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip) <b>[REDACTED]</b>
39. Phone No. <b>[REDACTED]</b>	40. Social Security No. <b>[REDACTED]</b>	41. Date of Birth <b>[REDACTED]</b>
42. Age <b>17</b>	43. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	44. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.
45. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Non-Hispanic	46. Skin <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Other	47. Occupation <b>STUDENT</b>
48. Height <b>5'9"</b>	49. Weight <b>140</b>	50. Hair <b>BLK</b>
51. Eyes <b>BRN</b>	52. Glasses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	53. Build <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Medium
54. Employer/School <b>N.R.H.S.</b>	55. Address <b>106 Hammond</b>	56. Scars/ Marks/ Tattoos (Describe) <b>-</b>
57. Misc. <b>-</b>	58. Social Security No. <b>[REDACTED]</b>	

59. Vehicle Status <b>TABLE W</b>	60. License Plate No <b>-</b>	61. State <b>-</b>	62. Exp. Yr. <b>-</b>	63. Plate Type <b>-</b>	64. Value <b>-</b>	Total
65. Veh. Yr. <b>-</b>	66. Make <b>-</b>	67. Model <b>-</b>	68. Style <b>-</b>	69. VIN. <b>-</b>	70. Color(s) <b>-</b>	
71. Towed By: To: <b>-</b>		72. Vehicle Notes <b>-</b>				

73. **Juvenile Victim was playing Basketball during his lunch period at NRHS when [REDACTED] punched victim on the right side of his face causing victim to fall hitting his head. Victim was rendered unconscious for a few moments. Victim was taken to Nyack Hospital via H.U.A.C. Victim's right side of face was discolored and swollen.**

**Victim's mother did go with victim to hospital.**

74. Inquiries (Check all that apply) <input checked="" type="checkbox"/> DMV <input type="checkbox"/> Want Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other	75. NYSIN Message No. <b>-</b>	76. Complainant Signature <b>R.O. R. SPATTA</b>
77. Reporting Officer Signature (Include Rank) <b>R.O. R. SPATTA</b>	78. ID No <b>304</b>	79. Supervisor's Signature (Include Rank) <b>Sgt. J. Keelley</b>
80. ID No <b>85</b>	81. Status <input checked="" type="checkbox"/> Open <input checked="" type="checkbox"/> Closed (if Closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> Arrest <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown	82. Status Date <b>10/26/04</b>
83. Status <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> CBI <input type="checkbox"/> Juv. No Custody	84. Status <input type="checkbox"/> Arrest <input type="checkbox"/> Arrest-Juv. <input type="checkbox"/> Offender Dead	85. Status <b>SGT Keelley</b>

10. Narrative (Indicate Block No. in left margin)

5 VICTIM: [REDACTED] 12.8.88  
w/m

1
2
3
4
5
6
7
8
9
10
11
12
13
Total

10. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other		11. NYSPIN Message No.	12.	20. <u>2</u> Page of <u>2</u> Pages
13. Reporting Officer Signature (Include Rank) <u>[Signature]</u>		14. ID No. <u>304</u>	15. Supervisor's Signature (Include Rank) <u>[Signature]</u>	16. ID No. <u>85</u>
17. Case Status <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody		18. Status Date Mo. <u>10</u> Day <u>26</u> Yr <u>04</u>		19. Notified/TOT <u>B</u> use cover sheet

16. Incident Type: **CRIMINAL TRESPASS**  
17. Business Name: **N.R.H.S.**  
19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.): **NRHS - 106 Hammond Rd**  
20. City, State, Zip ( ☐ C ☐ G ☐ V ): **THIELLS NY 10988**  
21. Location Code: **7457**  
22. Off. No.: **PL 140.10 B B m 3 C**  
23. No. of Victims: **1**  
24. No. of Suspects: **1**

25. Person Types: **CO-Complainant** **Off-Officer** **PI-Person Interviewed** **Ph-Phone** **Vi-Victim** **W-Witness** **Ni-Not Interviewed** **Vi-Victim** **26. Victim also complainant** ☐ Y ☒ N  
Type/No. Name (Last, First, Middle, Title) Date of Birth Address No., Street Name, Bldg. No., Apt. No., City, State, Zip Telephone  
**VI NRHS** **106 Hammond Rd THIELLS NY** **942-3300**  
**CO Artilles, Diego** **7-2574** **106 Hammond Rd THIELLS NY** **942-3300**  
Residence  
Business  
Residence  
Business  
Residence

27. Date of Birth: **10/12/04** 28. Age: **24** 29. Sex: ☒ M ☐ F 30. Race: ☐ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk. 31. Ethnic Origin: ☐ Hispanic ☐ Unk. ☐ Non-Hispanic 32. Handicapped: ☐ Yes ☒ No 33. Residence Status: ☐ Resident ☐ Tourist ☐ Commuter ☐ Military ☐ Temp Res - Foreign Nat. ☐ Student ☐ Other ☐ Homeless ☐ Unk. 34. Type/No: **TABLE U** 35. Name (Last, First, Middle): **[REDACTED]** 36. Alias/Nickname/Maiden Name (Last, First, Middle): **[REDACTED]** 37. Apparent Condition: ☐ Impaired Drugs ☐ Mental Dis ☐ Unk. ☐ Impaired Alco ☐ Inj / Ill ☒ App Norm 38. Address (Street No., Street Name, Bldg. No., City, State, Zip): **[REDACTED]** 39. Phone Number: **[REDACTED]** 40. Social Security No.: **[REDACTED]** 41. Date of Birth: **10/12/04** 42. Age: **24** 43. Sex: ☒ M ☐ F 44. Race: ☐ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk. 45. Ethnic Origin: ☐ Hispanic ☐ Unk. ☐ Non-Hispanic 46. Skin: ☐ Light ☐ Dark ☐ Unk. ☒ Medium ☐ Other 47. Occupation: **TABLE P** 48. Height: **5'5"** 49. Weight: **110** 50. Hair: **BR** 51. Eyes: **BRN** 52. Glasses: ☐ Yes ☐ Contacts ☒ No 53. Build: ☐ Small ☐ Large ☒ Medium 54. Employer/School: **Y** 55. Address: **[REDACTED]** 56. Scars/Marks/Tattoos (Describe): **[REDACTED]** 57. Misc: **NON-STUDENT**

58. Vehicle Status: **TABLE U** 59. License Plate No.: **[REDACTED]** 60. State: **[REDACTED]** 61. Exp. Yr.: **[REDACTED]** 62. Plate Type: **[REDACTED]** 63. Value: **[REDACTED]** 64. Total: **[REDACTED]** 65. Veh. Yr.: **[REDACTED]** 66. Make: **[REDACTED]** 67. Model: **[REDACTED]** 68. Style: **[REDACTED]** 69. VIN: **[REDACTED]** 70. Color(s): **[REDACTED]** 71. Towed by: **[REDACTED]** 72. Vehicle Notes: **[REDACTED]**

73. MR. ARTILES DID ADVISE S.I.O. SDRAMA THAT [REDACTED] DID ENTER NORTH ROCKLAND HIGH SCHOOL UNDER FALSE PRETEXTS. [REDACTED] DID STATE SHE WAS AT NRHS TO GIVE HER COUSIN MONEY WHEN IN FACT [REDACTED] CAME TO NRHS TO FIGHT A GIRL SHE BELIEVES IS INVOLVED WITH HER BOY FRIEND.

\* SEE PAGE TEN FOR NAMES OF INTERVIEWED PERSONS.  
\* DEPOS TAKEN.  
\* CHARGES SIGNED / WARRANT FILED

74. Inquiries (Check all that apply): ☐ DMV ☐ Want/Warrant ☐ Scofflaw ☐ Crim. History ☐ Stolen Property ☐ Other 75. NYSPIN Message No.: **[REDACTED]** 76. Complainant Signature: **[REDACTED]** 77. Reporting Officer (Print Name and Title): **P.O. [REDACTED]** 78. ID No.: **304** 79. Supervisor's Signature (Print Name and Title): **[REDACTED]** 80. ID No.: **65** 81. Status: ☒ Open ☐ Closed (if Closed, check box below) ☐ Undeferred ☐ Warrant Advised ☐ Extrad. Declined ☐ Unknown ☐ Vic. Refused to Coop. ☐ Arrest ☐ Pros. Declined ☐ Offender Dead ☐ CBI ☐ Juv. No custody ☐ Arrest-Juv. 82. Status Date: **10/16/04** 83. Notes: **D/SGT**



25 PERSONS INTERVIEWED

PI-1

[REDACTED]

\* DEPO SIGNED

PI-2

[REDACTED] NY 10923 [REDACTED]

\* DEPO SIGNED

PI-3

[REDACTED]

\* VOLUNTARY STATEMENT TO S.R.O.

PI-4

[REDACTED]

RECEPTIONIST/TYPIST (DEPO SIGNED)

c/o NRHS 106 HAMMOND RD THIELS 942-3300

PI-5

[REDACTED]

NRHS SECURITY

c/o NRHS 106 HAMMOND RD THIELS 942-3300

DEPO SIGNED

10. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim/History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other		11. NYSPIN Message No.		12.		62. Total	
13. Reporting Officer's Signature (Include Rank) [Signature]		14. ID No. 309		15. Supervisor's Signature (Include Rank)		16. ID No.	
17. Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed (If Closed, check box below) <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Arrest - Juv. <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad Decln <input type="checkbox"/> Unknown		18. Status Date 12/6/04		19. Netted/TOT D/SGT		Page of 2	

15. Time 1715  
16. Incident Type Disorderly Conduct  
17. Business Name  
18. Weapon(s)  
19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) 106 Hammond Rd  
20. City, State, Zip (C ST W) THILLS NY 10984  
21. Location Code 11/15/1  
23. No. of Victims 01  
24. No. of Suspects 02  
26. Victim also complainant ☐ Y ☒ N

27. Date of Birth 02/04/49 28. Age 55 29. Sex ☒ M ☐ F ☐ U  
30. Race ☒ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk.  
31. Ethnic ☒ Hispanic ☐ Unk. ☐ Non-Hispanic  
32. Handicap ☐ Yes ☒ No  
33. Residence Status ☐ Resident ☐ Tourist ☐ Student ☐ Other ☐ Commuter ☐ Military ☐ Homeless ☐ Unk.  
34. Type/No TABLE 0  
35. Name (Last, First, Middle) [REDACTED]  
36. Alias/Nickname/Maiden Name (Last, First, Middle)  
37. Apparent Condition ☐ Impaired Drugs ☐ Mental Dis ☐ Unk. ☐ Impaired Alco ☐ Inj / Ill ☒ App Norm  
38. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip) [REDACTED]  
39. Phone No. (645) [REDACTED]  
40. Social Security No. [REDACTED]  
41. Date of Birth [REDACTED] 42. Age 17 43. Sex ☐ M ☒ F ☐ U  
44. Race ☒ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk.  
45. Ethnic ☒ Hispanic ☐ Unk. ☐ Non-Hispanic  
46. Skin ☐ Light ☐ Dark ☐ Unk. ☒ Medium ☐ Other  
47. Occupation Student  
48. Height 5 ft 5 in 49. Weight 150 50. Hair [REDACTED] 51. Eyes [REDACTED] 52. Glasses ☒ Yes ☐ No ☐ Contacts ☐ No  
53. Build ☐ Small ☐ Large ☒ Medium  
54. Employer/School N.R.H.S  
55. Address 106 Hammond Rd.  
56. Scar/ Marks/Tattoos (Describe)  
57. Misc.

59. Vehicle Status TABLE W  
60. License Plate No Full ☐ Partial ☐  
61. State 62. Exp. Yr. 63. Plate Type 64. Value  
65. Veh. Yr. 66. Make 67. Model 68. Style 69. VIN.  
70. Color(s) 71. Towed By: To: 72. Vehicle Notes  
73. On The above date, Time, and location (S2) heard a rumor that (S1) was talking about her. (S2) went to confront (S1) in the hallway after being told by (Colvi) not to pursue this matter. (S2) decided to continue toward (S1) but was stopped by (Colvi) before reaching (S1). (Colvi) needed to restrain (S2) for approx. 10 mins. and had his eyeglasses broken and his right hand scratched while holding back (S2). (S1 & S2) never had any physical contact. N.R.H.S. does not wish to pursue this matter and will handle it in house manner. (OT) The School's Ass. Superintendent was on scene.

74. Inquiries (Check all that apply) ☐ DMV ☐ Want/Warrant ☐ Scofflaw ☐ Crim. History ☐ Stolen Property ☐ Other  
75. NYSIN Message No. 76. Complainant Signature  
77. Reporting Officer Signature (Include Rank) P.O. [Signature] 78. ID No. 79. Supervisor's Signature (Include Rank) [Signature] 80. ID No. 55  
81. Status ☐ Open ☒ Closed (If Closed, check box below) ☐ Unfounded ☐ Warrant Advised  
☐ Vict. Refused to Coop. ☐ Arrest ☒ Pros. Declined ☐ Extrad. Declin. ☐ Unknown  
☐ CBI ☐ Juv. - No Custody ☐ Arrest Juv. ☐ Offender Dead  
82. Status Date 8/16/15 83. Notified By SRO SPANTA

84. Use Cover Sheet  
85. Page of 2  
86. Pages

JUVENILE

5. Name (Last, First, Middle)		36. Alias/Nickname/Maiden Name (Last, First, Middle)		37. Apparent Condition <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Unk. <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj / Ill <input checked="" type="checkbox"/> App Norm		K.
38. Address (Last, First, Middle, City, State, Zip)		39. Phone No.		<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work		L.
40. Social Security No.		41. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F <input type="checkbox"/> U		42. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		M.
43. Weight		44. Hair		45. Eyes		N.
46. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> Contacts <input checked="" type="checkbox"/> No		47. Build <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Medium		48. Employer/School N.R. H.S.		
49. Tattoos (Describe)		50. Misc.		51. Address 106 Hammond Ave		

JUVENILE JUVENILE

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Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Ward/Warrant <input type="checkbox"/> Scottlaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other		11. NYSPIN Message No.	12.	B2. 2 Page 2 Pages
Reporting Office Signature (Include Rank)		13. ID No. 322	14. Supervisor's Signature (Include Rank)	15. ID No.
Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed (If Closed, check box below) <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined		16. Status Date 2/1/05		17. Notified TOT 20 SPATT

1. Report Date FRI 1/4/10		3. Report Time 1600		10. Day FRI 1/4/10		11. Date 1/4/10		12. Time 1530		13. Day FRI 1/4/10		14. Date 1/4/10		15. Time 1545															
16. Incident Type Criminal Mischief				17. Business Name				18. Weapon(s)				19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) 106 HAMMOND RD				20. City, State, Zip (C T V) THIELLS, NY				21. Location Code 4754									
1. PL		145.00		1		A		M		4th		C		CRIM MIS		4th		23. No. of Victims 1		24. No. of Suspects 08									
25. Victim also complainant <input type="checkbox"/> Y <input type="checkbox"/> N																													
30/10 Montero, Jorge				11/29/59				106 HAMMOND RD				THIELLS, NY				10984				RESIDENCE				3300					
PI Ribaak, Steven				12/23/47				106 HAMMOND RD				THIELLS, NY				10984				RESIDENCE				3303					
OT [REDACTED]				[REDACTED]				[REDACTED]				[REDACTED]				[REDACTED]				BUSINESS				[REDACTED]					
VI NR. H.S.				—				106 HAMMOND RD				THIELLS, NY				10970				RESIDENCE				3800					
27. Date of Birth 1/1/59		28. Age 45		29. Sex M		30. Race White		31. Ethnic Hispanic		32. Handicap No		33. Residence Status Resident		34. Temp. Res. - Foreign Nat. No		35. Student No		36. Other No		37. Apparent Condition Impaired Drugs		38. Mental Dis No							
34. Type/No TABLE O		35. Name (Last, First, Middle) [REDACTED]		36. Alias/Nickname/Maiden Name (Last, First, Middle) [REDACTED]		37. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip) [REDACTED]		38. Phone No. [REDACTED]		39. Home No		40. Social Security No. [REDACTED]		41. Date of Birth [REDACTED]		42. Age 16		43. Sex M		44. Race White		45. Ethnic Hispanic		46. Skin Light		47. Occupation Student			
48. Height 5'6"		49. Weight 155		50. Hair Brown		51. Eyes Brown		52. Glasses No		53. Build Medium		54. Employment/School NR. H.S.		55. Address 106 HAMMOND RD		56. Scar/Mark/Tattoo (Describe) left hand - FEB		57. Misc. CORNROWS		58. V OKES		59. TABLE T 40		60. TABLE U —		61. TABLE V —		62. I MIRROR	
59. Vehicle Status TABLE W		60. License Plate No		61. State		62. Exp. Yr.		63. Plate Type		64. Value		65. Veh. Yr.		66. Make		67. Model		68. Style		69. VIN.		70. Color(s)		71. Towed By: To:		72. Vehicle Notes			
<p>73. (CO) states that after a verbal argument w/ (OT); girlfriend (S) went into a bathroom @ N.R.H.S. and punched a mirror, damaging said mirror. Above (S) received several lacerations to his hand requiring stitches. Parent of (S) contacted and on scene, Parent of (S) RMA, stating he would personally take (S) to NYACK Hospital. Medic on scene. (S) released on scene w/ appearance ticket.</p>																													
74. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Scofflaw <input type="checkbox"/> Other		75. NYSPIN Message No.		76. Complainant Signature [Signature]		77. Reporting Officer Signature (Include Rank) [Signature]		78. No 303		79. Supervisor's Signature (Include Rank) [Signature]		80. ID No.		81. Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed (If Closed, check box below) <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Unfounded <input type="checkbox"/> Warrant Advised <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown		82. Status Date 3/4/10		83. Notified/TOT		84. Page 1		85. Pages							



16. Incident Type <b>CRIMINAL RES- JUVENILE</b>		17. Business Name <b>NRHS</b>		18. Weapon(s) <b>KNIFE</b>		15. Time <b>11</b>	
19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) <b>106 HAMMOND RD</b>				20. City, State, Zip (□ C □ T □ V) <b>THIELLS NY 10884</b>		21. Location Code <b>441504</b>	
23. No. of Victims <b>1</b>						24. No. of Suspects <b>1</b>	
25. Victim also complainant (□ Yes □ No)						E. <b>1</b>	

VI <b>NRHS</b>		- <b>106 HAMMOND RD THIELLS NY</b>		RESIDENCE <b>3300</b>		F. <b>1</b>	
CO <b>P.O. R. SPATTA</b>		- <b>H.T.P.D. SRO - NRHS</b>		RESIDENCE <b>3385</b>		G. <b>1</b>	
				BUSINESS		H. <b>0</b>	
				RESIDENCE		I. <b>1</b>	
				BUSINESS			
				RESIDENCE			

27. Date of Birth Mo. <b>04</b> Day <b>15</b> Yr. <b>15</b>		28. Age <b>15</b>		29. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		30. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		31. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		32. Handicap <input type="checkbox"/> Yes <input type="checkbox"/> No		33. Residence Status <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Unk.		J. <b>1</b>			
34. Type No <b>AF</b>		35. Name (Last, First, Middle) <b>JUVENILE</b>		36. Alias/Nickname/Maiden Name (Last, First, Middle)				37. Apparent Condition <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Unk. <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inf / Ill <input type="checkbox"/> App Norm				K. <b>1</b>					
38. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip)								39. Phone No. <input type="checkbox"/> Home <input type="checkbox"/> Work		40. Social Security No.				L. <b>41</b>			
41. Date of Birth Mo. <b>04</b> Day <b>15</b> Yr. <b>15</b>		42. Age <b>15</b>		43. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		44. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		45. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		46. Skin <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk. <input type="checkbox"/> Medium <input type="checkbox"/> Other		47. Occupation <b>TABLE P</b>		M. <b>1</b>			
48. Height <b>16</b> in		49. Weight <b>200</b> lbs		50. Hair <b>BLK</b>		51. Eyes <b>BLU</b>		52. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> Contacts <input type="checkbox"/> No		53. Build <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large		54. Employer <b>HOME INSTRUCT.</b>		55. Address <b>-</b>			
56. Scars/ Marks/ Tattoos (Describe)								57. Misc. <b>JUVENILE</b>								N. <b>1</b>	

59. Vehicle Status TABLE W		60. License Plate No		Full <input type="checkbox"/> Partial <input type="checkbox"/>		61. State		62. Exp. Yr.		63. Plate Type		64. Value		Total	
65. Veh. Yr.		66. Make		67. Model		68. Style		69. VIN.							
70. Color(s)				71. Towed By: To:				72. Vehicle Notes							

73. P.O. SPATTA, SRO AT NORTH ROCKLAND H.S., WAS MADE AWARE BY SCHOOL SECURITY THAT ABOVE JUVENILE WAS NOT A REGISTERED STUDENT AT N.R.H.S AND WAS SITTING IN THE CAFETERIA. WHEN CONFRONTED BY SRO JUVENILE DID REFUSE TO GIVE HIS NAME AND DATE OF BIRTH. JUVENILE WAS THEN FOUND TO BE IN POSSESSION OF A SIX INCH BLADE GRAVITY KNIFE. ONCE JUVENILES NAME AND D.O.B. WERE CONFIRMED, V.O. AKERS WAS CALLED AND DID RESPOND TO NRHS. JUVENILE WAS THEN TAKEN BY P.O. AKERS & SGT FIGUEROA TO H.T.P.D.

74. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scaffoldlaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other		75. NYSIN Message No.		76. Complainant Signature <b>P.O. SPATTA</b>	
77. Reporting Officer's Signature (Include rank) <b>P.O. SPATTA</b>		78. ID No. <b>304</b>		79. Supervisor's Signature (Include rank) <b>Sgt. R. BARNES</b>	
80. ID No. <b>311</b>		81. Status <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Rest - Juv. <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown		82. Status Date <b>5/1/05</b>	
83. Modified/TOT <b>Y.O.</b>		Page <b>2</b>		Page <b>2</b>	



10. 9. Narrative (Indicate block No. in left margin)

7

[REDACTED]

1-6-90 11/10

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Total

10. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other		11. NYSPIN Message No.	12.	20. <u>2</u> Page of <u>2</u> Pages
13. Reporting Officer Signature (Include Rank) 		14. ID No. <u>304</u>	15. Supervisor's Signature (Include Rank)	16. ID No.
17. Case Status <input type="checkbox"/> Vic. Refused to Coop. <input type="checkbox"/> Open <input type="checkbox"/> Closed (If Closed; check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> Arrest-Juv. <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown		18. Status Date Mo <u>5</u> Day <u>9</u> Yr <u>05</u>	19. Identified TOT <u>Y.O.</u>	B use cover sheet

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INCIDENT

15. Incident Type: CRIMINAL MISCHIEF

16. Incident Address (Street No., Street Name, Bldg. No., Apt. No.): 106 HAMMOND RD

17. Business Name: NORTH ROCKLAND HIGH SCHOOL

18. Weapon(s):

19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.): 106 HAMMOND RD

20. City, State, Zip (City, State, Zip): THIRTELLS NY 10984

21. Location Code: 64554

22. OFF. NO. LAW SECTION SUB CL CAT DEG ATT NAME OF OFFENSE CTS

23. No. of Victims: 1

24. No. of Suspects: 1

25. Person Type: CO = Complainant OT = Other PI = Person Interviewed PR = Person Reporting WI = Witness NI = Not Interviewed VI = Victim

26. Victim also complainant: Y

ASSOCIATED PERSONS

27. Date of Birth: 2/20/44

28. Age: 16

29. Sex: M

30. Race: White

31. Ethnic: Non-Hispanic

32. Handicap: No

33. Residence Status: Resident

34. Type/No: CO

35. Name (Last, First, Middle): OSBERG KEN

36. Alias/Nickname/Maiden Name (Last, First, Middle):

37. Apparent Condition: Impaired Drugs, Impaired Alco, Inj / Ill

38. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip): 106 HAMMOND RD THIRTELLS NY 10984

39. Phone No.: 914-5300

40. Social Security No.: RESIDENCE

41. Date of Birth: 2/20/44

42. Age: 16

43. Sex: M

44. Race: White

45. Ethnic: Non-Hispanic

46. Skin: Light

47. Occupation: TABLE P

48. Height: 5'5"

49. Weight: 110

50. Hair: BRO

51. Eyes: BRO

52. Glasses: No

53. Build: Small

54. Employer/School: N.R.H.S.

55. Address: 106 HAMMOND RD

56. Scar/ Marks /Tattoos (Describe):

57. Misc: AS#05-311

PROPERTY

58. Victim of Suspect No.:

59. Vehicle Status:

60. License Plate No.:

61. State:

62. Exp. Yr.:

63. Plate Type:

64. Value:

65. Veh. Yr.:

66. Make:

67. Model:

68. Style:

69. VIN.:

70. Color(s):

71. Towed By:

72. Vehicle Notes:

NARRATIVE

73. (CO) STATES AT THE ABOVE DATE AND TIME (S) BECAME ANGRY AFTER HE ATTEMPTED TO SPEAK WITH HER. SHE THEN WALKED INTO THE COORDINATORS OFFICE AND FORCEFULLY OPENED THE DOOR. SAID DOOR DAMAGED THE OFFICE WALL. THE OPENING OF THE DOOR CAUSED A SMALL HOLE AND A LARGE CRACK. (CO) CALLED THE POLICE AND (S) WAS ARRESTED WITHOUT INCIDENT. (S) GRANDMOTHER'S PHONE # [REDACTED] - MRS. [REDACTED]

ADMINISTRATIVE

74. Inquiries (Check all that apply): OMV, Want/Warrant, Stolen Property, Scofflaw, Other

75. NYSIN Message No.:

76. Complainant Signature: [Signature]

77. Reporting Officer Signature (Include Rank): PO. Thomas [Signature]

78. ID No.:

79. Supervisor's Signature (Include Rank): [Signature]

80. ID No.:

81. Status: Open, Closed (if Closed, check box below), Unfounded, Pros. Declined, Warrant Advised, Arrest, Arrest-Juv., Offender Dead, Extrad. Declin., Unknown

82. Status Date: 6/18/05

83. Notified/TOT:

84. Page: 1 of 2

15. Incident Type		16. Date		17. Time	
Criminal Mischief 3		6/10/05		10:05	
19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.)		20. City, State, Zip (C, S, F, V)		21. Location Code	
106 Hammond Rd - Main Hall		THIELLS NY 10981		415330	
23. No. of Victims		24. No. of Suspects		25. Victim also complainant	
1		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
26. Victim Name (Last, First, Middle Initial)		27. Date of Birth		28. Age	
VI N.R.C.S.D.		Mo. Day Yr.		29. Sex	
CO HAND DENNIS 5247		Mo. Day Yr.		<input type="checkbox"/> M <input type="checkbox"/> F	
WI [REDACTED]		Mo. Day Yr.		<input type="checkbox"/> M <input type="checkbox"/> F	
30. Race		31. Ethnic		32. Handicap	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Unk.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> No	
33. Residence Status		34. Type/No.		35. Name (Last, First, Middle)	
<input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other		TABLE O		[REDACTED]	
<input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Unk.		36. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip)		37. Apparent Condition	
[REDACTED]		[REDACTED]		<input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis. <input type="checkbox"/> Unk.	
[REDACTED]		[REDACTED]		<input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inf/ill <input type="checkbox"/> App Norm	
38. Social Security No.		39. Phone No.		40. Occupation	
[REDACTED]		[REDACTED]		[REDACTED]	
41. Date of Birth		42. Age		43. Sex	
Mo. Day Yr.		Mo. Day Yr.		<input type="checkbox"/> M <input type="checkbox"/> F	
[REDACTED]		18		<input type="checkbox"/> M <input type="checkbox"/> F	
44. Race		45. Ethnic		46. Skin	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Unk.		<input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk.	
<input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Medium <input type="checkbox"/> Other	
47. Height		48. Weight		49. Hair	
5'10"		160		Brown	
50. Eyes		51. Glasses		52. Build	
Brown		<input type="checkbox"/> Yes <input type="checkbox"/> Contacts		<input type="checkbox"/> Small <input type="checkbox"/> Large	
<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> Medium	
53. Employer/School		54. Address		55. Social Security No.	
NRHS		106 Hammond Rd		[REDACTED]	
56. Scars/Marks/Tattoos (Describe)		57. MISC.		58. Date	
[REDACTED]		[REDACTED]		[REDACTED]	
59. Vehicle Status		60. License Plate No.		61. State	
TABLE W		Full <input type="checkbox"/> Partial <input type="checkbox"/>		62. Exp. Yr.	
63. Plate Type		64. Value		65. Veh. Yr.	
[REDACTED]		[REDACTED]		66. Make	
67. Model		68. Style		69. VIN.	
[REDACTED]		[REDACTED]		[REDACTED]	
70. Color(s)		71. Towed By:		72. Vehicle Notes	
[REDACTED]		To:		[REDACTED]	
73. DENNIS HAND, PRINCIPAL OF NRHS STATES ON 6/10/05 [REDACTED] WAS IN THE MAIN OFFICE OF NRHS TO SEE HIS GRADE PRINCIPAL. [REDACTED] BECAME AGGRIEVATED AFTER MEETING WITH HIS PRINCIPAL, STARTED CURSING, KICKED A BOX FULL OF EXAMS. [REDACTED] THEN WALKED TO THE MAIN ENTRANCE OF THE OFFICE, PULLED OPEN THE DOOR WITH ALL FORCE THEN KICKED A GARBAGE CAN, WHICH WAS LOCATED TO THE RIGHT OF THE DOOR, CAUSING GARBAGE CAN TO BREAK. INCIDENT WAS WITNESSED BY [REDACTED] WHO WAS SITTING AT HER DESK WHICH FACES THE MAIN DOOR TO THE OFFICE.					
74. Inquiries (Check all that apply)		75. NYSPIN Message No.		76. Complainant Signature	
<input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw		[REDACTED]		[REDACTED]	
<input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other		[REDACTED]		[REDACTED]	
77. Reporting Officer Signature (Include Rank)		78. ID No.		79. Supervisor's Signature (Include Rank)	
[REDACTED]		30Y		[REDACTED]	
80. ID No.		81. Status		82. Status Date	
75		<input type="checkbox"/> Open <input type="checkbox"/> Closed (if closed, check box below)		6/15/05	
<input type="checkbox"/> Vict. Refused to Coop.		<input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined		<input type="checkbox"/> Warrant Advised	
<input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody		<input type="checkbox"/> Arrest - Juv. <input type="checkbox"/> Offender Dead		<input type="checkbox"/> Extrad. Declin. <input type="checkbox"/> Unknown	
83. Notified POT		84. Date		85. Page	
[REDACTED]		[REDACTED]		7	

16. Incident Type: **ASSAULT 2**  
17. Business Name: **N R CSD**  
18. Weapon(s):  
19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.): **106 HAMMOND RD**  
20. City, State, Zip (☐ C ☒ N ☐ W): **THIELS NY 10984**  
21. Location Code: **4445**  
23. No. of Victims: **1**  
24. No. of Suspects: **1**

25. Victim also complainant: ☒ Y ☐ N  
VI **ROLAND, ROBERT** 10/18/48 40 NRHS 106 HAMMOND RD THIELS NY 10984 84603303  
FR. **RO. R. SPATTA** - SRO-NRHS HTPD  
RESIDENCE  
BUSINESS  
RESIDENCE  
BUSINESS  
RESIDENCE  
BUSINESS  
RESIDENCE

27. Date of Birth: **10/18/48** 28. Age: **57** 29. Sex: ☒ M ☐ F ☐ U  
30. Race: ☒ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk.  
31. Ethnic: ☒ Non-Hispanic ☐ Hispanic ☐ Unk.  
32. Handicap: ☒ No ☐ Yes  
33. Residence Status: ☒ Resident ☐ Temp. Res. - Foreign Nat. ☐ Tourist ☐ Student ☐ Other ☐ Commuter ☐ Military ☐ Homeless ☐ Unk.  
34. Type/No: **AP** 35. Name (Last, First, Middle): **[REDACTED]** 36. Alias/Nickname/Maiden Name (Last, First, Middle):  
37. Apparent Condition: ☐ Impaired Drugs ☐ Mental Dis ☒ Unk. ☐ Impaired Alco ☐ Inj / Ill ☐ App/Norm  
38. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip): **[REDACTED]** 39. Phone No.: **[REDACTED]** 40. Social Security No.: **[REDACTED]**  
41. Date of Birth: **[REDACTED]** 42. Age: **19** 43. Sex: ☐ M ☐ F ☐ U  
44. Race: ☒ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk.  
45. Ethnic: ☒ Non-Hispanic ☐ Hispanic ☐ Unk.  
46. Skin: ☒ Light ☐ Dark ☐ Unk. ☐ Medium ☐ Other  
47. Occupation: **TABLE P**  
48. Height: **5'8"** 49. Weight: **160** 50. Hair: **BLK** 51. Eyes: **BRN** 52. Glasses: ☒ Yes ☐ No ☐ Contacts  
53. Build: ☒ Small ☐ Large ☐ Medium  
54. Employer/School: **NRHS-12** 55. Address: **106 HAMMOND RD**  
56. Scars/Marks/Tattoos (Describe): **[REDACTED]** 57. Misc: **AS 05-713**

59. Vehicle Status: **TABLE V** 60. License Plate No: **[REDACTED]** 61. State: **[REDACTED]** 62. Exp. Yr.: **[REDACTED]** 63. Plate Type: **[REDACTED]** 64. Value: **[REDACTED]**  
65. Veh. Yr.: **[REDACTED]** 66. Make: **[REDACTED]** 67. Model: **[REDACTED]** 68. Style: **[REDACTED]** 69. VIN: **[REDACTED]**  
70. Color(s): **[REDACTED]** 71. Towed By: **[REDACTED]** To: **[REDACTED]** 72. Vehicle Notes: **[REDACTED]**

73. **ROBERT ROLAND, A SECURITY GUARD AT NRHS, STAYS WHILE ATTEMPTING TO BREAK UP A FIGHT BETWEEN [REDACTED] AND ANOTHER STUDENT, [REDACTED]. [REDACTED] BEGAN TO PUNCH ROBERT ROLAND NUMEROUS TIMES ABOUT THE CHEST AND RIGHT ARM. THIS CAUSED SEVERE PAIN & SWELLING TO MR. ROLAND'S RIGHT ARM AND PAIN IN HIS CHEST.**  
**SUBJECT WAS ARRESTED FOR ABOUT CHARGE.**

74. Inquiries (Check all that apply): ☒ DMV ☐ Want/Warrant ☐ Scofflaw ☐ Crlm. History ☐ Stolen Property ☐ Other  
75. NYSPIV Message No.: **[REDACTED]** 76. Complainant's Signature: **[REDACTED]**  
77. Reporting Officer's Signature (Include Rank): **[REDACTED]** 78. ID No.: **304** 79. Supervisor's Signature (Include Rank): **[REDACTED]** 80. ID No.: **319**  
81. Status: ☒ Vict. Refused to Coop. ☐ Open ☐ Closed (If Closed, check box below) ☐ Unfounded ☐ Warrant Advised ☐ Arrest ☐ Pros. Declined ☐ Extrad. Declin ☐ Unknown ☐ CBI ☐ Juv. - No Custody ☐ Arrest-Juv. ☐ Offender Dead  
82. Status Date: **12/12/05** 83. Notified/TOT: **[REDACTED]**